

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 09/555574		FILING DATE	
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/							
2	/	/							
3	/	/							
4	/	/							
5	/	/							
6	/	/							
7	/	/							
8	/	/							
9	/	/							
10	/	/							
11	/	/							
12	4		4						
13	0		0						
14	4		4						
15	4		4						
16	4		4						
17	4		4						
18	4		4						
19	1		1						
20	1		1						
21	1		1						
22	0		0						
23	1		1						
24	0		0						
25	0		0						
26	1		1						
27	0		0						
28	0		0						
29	0		0						
30	0		0						
31	0		0						
32	0		0						
33	0		0						
34	1		1						
35	1		1						
36	1		1						
37	1		1						
38	1		1						
39	1		1						
40	0		0						
41	0		0						
42	1		1						
43	1		1						
44	1		1						
45	0		0						
46	0		0						
47	0		0						
48									
49									
50									
TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS		TOTAL IND.		TOTAL DEP.	
64		64		65					